Brian Sandoval
Governor



## Marta Jensen

Acting Administrator

Division of Health Care Financing and Policy

# **Pharmacy Updates**

The Division of Health Care Financing and Policy (DHCFP)



# **Naloxone**

Naloxone, brand name Narcan, reverses the effects of opioids and heroin, especially for people experiencing an acute overdose.

A prescription is required for Nevada Medicaid recipients for coverage of all forms of naloxone.

#### FFS Medicaid:

## No PA required:

- Evzio® (auto-injector)
- Narcan® (nasal spray)
- Naloxone (injection)

## Amerigroup:

## No PA required:

- Naloxone (syringe)
- Narcan® (nasal spray)

## HPN:

#### No PA required:

- Naloxone (injection)
- Narcan® (nasal spray) (Effective 10-1-16)

# PA required:

- Naloxone (vial)
- Evzio (auto-injector)

## **PA** required:

Evzio (auto-injector)



# **Upcoming Policy Change For Maintenance Medications**

Maintenance pharmaceuticals are drugs prescribed for a chronic condition that a recipient takes on an ongoing basis. Nevada Medicaid reimburses up to a 100 day supply for maintenance medications.

#### Maintenance medications include:

- Antianginals;
- Antiarrhythmics;
- Anticonvulsants;
- Antidiabetics;
- Antihypertensives;
- Cardiac Glycosides;
- Diuretics;
- Thyroid Preparations;
- Estrogens;
- Progesterone;
- Oral/Topical Contraceptives

Proposed Policy Change: All listed maintenance medications will be subject to mandatory 100 day supply fills/refills. A public workshop and public hearing will be forthcoming.

# Provisional PAs for Psychotropic Medications for Children

On May 16, 2016, new prior authorization (PA) criteria for psychotropic medications for Children and Adolescents became effective.

- The main changes to the policy include:
  - 1. Recipients 7 through 17 years of age only require a prior authorization for 2 or more psychotropic drugs within the same therapeutic class (intra-class) and/or 4 or more psychotropic drugs within different therapeutic classes (inter-class).
  - 2. All drugs must be utilized for a medically accepted indication as established by the Food and Drug Administration and/or documented peer reviewed literature.
  - 3. Recipients 0 through 6 years of age still require a prior authorization for all requests for psychotropic medications.
- Starting May 16, for PA requests that did not meet the new criteria prescribers were given a provisional 6-month PA approval.

This allows prescribers:

- 1. Time to transition the recipient to a more appropriate therapy that meets the new criteria, or
- 2. Time to provide documented peer reviewed literature, or
- 3. Time to transition the recipient off the medication if appropriate.
- Provisional PAs that were issued beginning May 16, 2016 will expire beginning in November 2016. There are a number of outstanding provisional PAs that will expire.
- Unless the recipient meets all the appropriate criteria and the required documentation is submitted, these PAs will be denied. No new provisional renewals will be granted.
- If you have a provisional PA about to expire and have the needed information please contact the Optum Clinical Call Center at (855) 455-3311 or fax to (855) 455-3303.
- If you have a provisional PA about to expire and do not have the needed information please have a transition plan for your patient(s) in place.



# **Proposed State Plan Changes for Pharmacy**

#### **Factor Products:**

- Centers for Medicare, Medicaid Services (CMS) is requiring Medicaid to document how they price factor products in their State Plans.
- Nevada Medicaid is proposing for CMS' approval is a Select Specialty Pharmacy Rate for factor products.
- A public workshop and public hearing will be forthcoming.

#### 340B:

- CMS is mandating that all reimbursements by Medicaid for 340B drugs cannot exceed the ceiling price.
- There will be edits built into the payment system to ensure Nevada Medicaid's reimbursement does not exceed the ceiling price.
- Nevada Medicaid will no longer reimburse for subcontracting of 340B pharmacy services.
- A public workshop and public hearing will be forthcoming.



# **Pharmacy Contact Information**

**Optum (aka Catamaran)** 

Available 24 - 7

Pharmacy Help Desk (866) 244-8554

Pharmacy Prior Authorizations (855) 455-3311